

# APPLICATION INSTRUCTIONS FOR STATE GRANT FOR THE CLOSURE OF MUNICIPAL INCINERATORS UNDER RSA 149-M

**NOTE: Pursuant to RSA 149-M:42 IV, Municipal incinerator grants apply only to closures of incinerators constructed prior to July 1, 1998 and owned by the following NH municipalities:** Lamprey Regional Solid Waste Co-operative, City of Portsmouth at the former Pease Air Force Base, Auburn, Bridgewater, Candia, Canterbury, Durham, Lincoln, Litchfield, Nottingham, Ossipee, Pelham, Pittsfield, Plymouth, Sutton, Wilton, Windham, and Wolfeboro.

Grant applications filed for the above incinerators must be for a **completed closure project**. Incinerator closure is considered complete when:

- Certification of completion and acceptance of incinerator closure has been declared by the city/town; **and**
- All authorized closure activities has been completed and paid; **and**
- No additional closure activities are anticipated, excluding post closure monitoring commitments.

## SECTION I - APPLICANT INFORMATION

Complete Section I by filling in the Applicants City/Town and principal place of business as well as the Facility Name, Address, Waste Management Permit No., and Groundwater Permit No.

## **SECTION II - APPLICANT CERTIFICATION AND AGREEMENT**

Section II must be signed and dated by an authorized representative approved by the governing body of the municipality. The signature must be notarized.

## **SECTION III – CITY/TOWN APPROVAL**

Attach to the application a **certified** copy of the warrant article, corporate resolution or other legally binding document, as appropriate, authorizing the incinerator closure project.

## **SECTION IV - CLOSURE INFORMATION**

**Lines 1 through 3** - List the information as requested.

## **SECTION V - ELIGIBLE CLOSURE COST INFORMATION**

**Line 1** - Fill in the dates for the period in which the request for reimbursement of eligible costs covers.

**Begin date** is the date of the first invoice submitted for reimbursement in this application request.

**End date** is the date of the last invoice submitted for reimbursement, in this application request.

**Lines 2 through 5** – On the appropriate line, report eligible hydrogeological, engineering, construction, and other costs for which reimbursement is being requested. Costs should be divided into: (a) amount paid in cash, (b) amount financed and (c), total costs for that activity ((a) + (b)).

**Line 6** – Add columns 2a through 5a for total eligible costs paid in cash, columns 2b through 5b for total eligible costs financed, and columns 2c through 5c for total eligible costs associated with the incinerator closure through the end date reported.

**Attach all signed contracts and change orders pertaining to the closure of the incinerator.**

## **SECTION V - ELIGIBLE CLOSURE COST INFORMATION (continued)**

**NOTE: All costs reported as eligible must be documented with invoices and proof of payment in order for eligibility to be considered. Invoices and proof of payments should total Line 6c.**

Examples of eligible costs include, but are not limited to:

- Pre-closure hydrogeological investigation
- Pre-closure engineering investigation
- Construction design
- Closure construction
- Construction supervision

Examples of non-eligible costs include, but are not limited to:

- Land acquisition, except for land which is necessary to the physical elements of closure
- Meals and Lodging
- Finance or interest charges as a result of delinquent payments
- Legal costs
- Fiscal costs, such as employee benefits, social security, etc.
- Administrative costs, such as day-to-day business operations
- Preparation of the grant application

**Lines 7a through 7c –** List the amounts (if any) financed by loan, bond or other methods. For any financed amounts, an institution generated amortization schedule must be attached to the application.

**Line 8 –** List all sources and the contributions received toward the cost of closure of the incinerator.

Examples of contribution sources include, but are not limited to:

- The U.S. Farmers Home Administration
- Rural Development Administration
- Housing and Urban Development
- Community Development Block Grant
- **Contributors from private third parties, including but not limited to potentially responsible party (PRP) groups formed to collectively participate in the closure of the incinerator.**

## **SECTION VI - CERTIFICATION OF COMPLETION AND ACCEPTANCE OF INCINERATOR CLOSURE**

Complete Section VI by filling in the Facility name and address.

Acceptance of the incinerator closure project must be acknowledged by the authorized representative of the governing body as well as the consulting P.E. firm.

**If you need guidance in preparing the application, please call Patty Juranty, Supervisor of the Financial Oversight Section, at (603) 271-2925.**



To Be Completed by NHDES	
Date Filed	_____
G&C Approval Date	_____
Grant Amount	_____
Grant Number	_____
Site Number	_____

**NEW HAMPSHIRE  
DEPARTMENT OF ENVIRONMENTAL SERVICES  
WASTE MANAGEMENT DIVISION**

APPLICATION FOR STATE GRANT FOR THE CLOSURE OF MUNICIPAL INCINERATORS UNDER RSA 149-M

**SECTION I - APPLICANT INFORMATION**

The City/Town of \_\_\_\_\_ with a principal place of business at \_\_\_\_\_  
\_\_\_\_\_ ("Applicant") hereby makes application to the State of New Hampshire  
for reimbursement of certain eligible closure costs of a municipal incinerator described as follows:

1) Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, NH Zip: \_\_\_\_\_

Waste Management Division Permit No.: \_\_\_\_\_

Groundwater Permit No.: \_\_\_\_\_

**SECTION II - APPLICANT CERTIFICATION AND AGREEMENT**

The attached statements and exhibits are hereby made part of this application and the undersigned Representative of the Applicant certifies that the information in the application is true, correct, and complete to the best of his/her knowledge and belief. By signature of this application, the municipality, if awarded a grant, agrees that it: 1) has closed the subject incinerator in accordance with plans and specifications approved by the Department pursuant to RSA 149-M and the NH Solid Waste Rules; 2) shall provide post closure monitoring and maintenance of the incinerator in accordance with the facility permit issued by the Department of Environmental Services; and 3), recognizes that failure to close or monitor an incinerator in accordance with RSA 149-M, the NH Solid Waste Rules and the facility permits shall result in the loss of grant payment.

The undersigned representative further certifies that by formal action of the governing body he/she has been authorized to file this application on behalf of the applicant.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name and Title of Authorized Representative

On this \_\_\_\_ day of \_\_\_\_\_, 200\_, before me personally appeared \_\_\_\_\_, authorized representative for the City/Town of \_\_\_\_\_, who is known to me personally or has satisfactorily proven his/her identity and who acknowledges that he/she did execute the foregoing document and that the same is his/her free act and deed.

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

### **SECTION III – CITY/TOWN APPROVAL TO CLOSE INCINERATOR**

Attach a **certified** copy of the warrant article, corporate resolution or other legally binding document, as appropriate, authorizing the incinerator closure project.

### **SECTION IV - CLOSURE INFORMATION**

- 1) Engineering Consultant: \_\_\_\_\_  
2) Construction Firm: \_\_\_\_\_  
3a) Date of Bid Advertisement: \_\_\_\_\_  
b) Date Contract was awarded: \_\_\_\_\_  
c) Date Construction began: \_\_\_\_\_  
d) Date Construction completed: \_\_\_\_\_

### **SECTION V - ELIGIBLE CLOSURE COST INFORMATION**

1. Request for reimbursement of Eligible Costs covers the period from \_\_\_\_\_ to \_\_\_\_\_  
(See application instructions for begin and end date clarification) begin date end date

	Cash (a)		Financed (b)		Total (c)
2. Eligible Hydrogeological costs paid:	_____	+	_____	=	_____
3. Eligible Engineering costs paid:	_____	+	_____	=	_____
4. Eligible Construction costs paid:	_____	+	_____	=	_____
5. Eligible Other costs paid:	_____	+	_____	=	_____
6. Total Eligible Closure Costs paid:	_____	+	_____	=	_____
	(total column a)		(total column b)		(total column c)

**Note: Attach copies of all contracts, invoices, and proof of payment of all eligible costs for which reimbursement is being requested.**

7. If Line 6b is greater than **ZERO** complete the following:  
Eligible financed closure costs were procured through:

- a. Loan: \$ \_\_\_\_\_  
b. Bond Issue: \$ \_\_\_\_\_  
c. Other \_\_\_\_\_: \$ \_\_\_\_\_  
d. Total eligible closure costs financed (line 7a through 7c): \$ \_\_\_\_\_

**Note: Attach institution generated amortization schedule(s) for financed amount(s)**

8. Has the applicant received contributions from other sources toward the cost of the incinerator closure? Yes or No

If yes, list the source(s) and the amount(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VI - CERTIFICATION OF COMPLETION AND ACCEPTANCE OF INCINERATOR CLOSURE**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, NH Zip: \_\_\_\_\_

The facility referenced above was closed in accordance with the approved plans and specifications and is complete.  
The municipality is satisfactorily performing post-closure monitoring and maintenance in accordance with the facility permits and the work has been accepted by the \_\_\_\_\_.  
(Governing Body)

Governing Body Authorized Representative \_\_\_\_\_

Type or Print Name and Title \_\_\_\_\_

Date \_\_\_\_\_

Consulting P.E. Firm Authorized Representative \_\_\_\_\_

Type or Print Name and Title \_\_\_\_\_

Date \_\_\_\_\_